



**Pathology Resource Center
GTEEx Request for Clarification-Recuts**

PR-0002-F2

VER. 1.0.0

Effective Date: 03/07/2012

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*This form is to be completed by xxxx to x, x, x.
This form is to be submitted to xxxx.*

Request to: *GTEEx CBR*
Insert email address
Insert contact phone

BSS site	Specimen ID	Tissue site	Request note	Comments

Request submitted by: _____
Print name, role

Date request submitted: _____
Print date

Date request completed (CBR): _____
Print date

Date request completed (PRC/ DM): _____
Print date



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APPROVALS

NAME / TITLE	SIGNATURE	DATE

INITIATION/REVISION HISTORY

REV #	DESCRIPTION OF CHANGE	AUTHOR	EFFECTIVE DATE